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CONFIRMATION NO. 2337

Bib Data Sheet

SERIAL NUMBER 10/765,842	FILING DATE 01/29/2004  RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 06530.0320
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	MA	4	46	2
Verified and Acknowledged	<i>[Handwritten Signature]</i>	MA			

Allowance  
Initials: *MK*

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## TITLE

Endoscope channel cap

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )
RECEIVED 4038		

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